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Statement of Rep. Christopher Shays
May 5, 2003

As we convene here today, the world is conducting an involuntary, live-fire exercise of public health capacity against bioterrorism. Severe Acute Respiratory Syndrome (SARS) emerged from the microbial hothouse of the Far East through the same vulnerabilities and vectors terrorists would exploit to spread weaponized, genetically altered disease.

The global response to SARS underscores the vital significance of sensitive disease surveillance in protecting public health from natural, and unnatural, outbreaks. It also discloses serious gaps and persistent weaknesses in international and U.S. health monitoring.

The lessons of the West Nile virus and mail-borne anthrax have not gone unheeded. Substantial enhancements have been made to the accuracy, speed and breadth of health surveillance systems at home and abroad. The limited impact of SARS here can be attributed, in part, to increased preparedness to detect, control and treat outbreaks of known and unknown diseases.

But the public health surveillance system at work today against SARS is still a gaudy patchwork of jurisdictionally narrow, wildly variant, technologically backward data collection and communications capabilities. Records critical to early identification of anomalous symptom clusters and disease diagnoses are not routinely collected. Formats for recording and reporting the same data differ widely between cities, counties and states. Many key records are still generated on paper, faxed to state or federal health authorities and entered manually one or more times into potentially incompatible databases.

In a world made smaller by the speed of international travel and the rapid mutation of organisms in our crowded midst, the interval between local outbreak and global pandemic is shrinking. Virulent, drug-resistant organisms easily traverse the geographic and political boundaries that still define, and inhibit, public health systems.

Efforts to build a more modern "system of systems" envision routine collection and rapid dissemination of real-time data from public and private health systems and laboratories. Early warning capabilities would be enhanced through the fusion of innovative syndromic surveillance – automated screening of emergency room traffic, pharmacy sales, news wires and other public data streams for potentially significant signs of an outbreak.

Pieces of this planned health monitoring system can be assembled at different times and places, but no fully national system yet integrates the observations and communications needed to protect public health from rapidly emerging biological hazards. Successfully operating the elaborate, elegantly sensitive surveillance network of the future will require unprecedented levels of human skill, fiscal resources, medical information and intergovernmental cooperation.

At this moment, sophisticated radars scan the skies and the seas to detect the approach of forces hostile to the peace and sovereignty of this nation. A similarly unified, sensitive system of disease sensors is needed to detect the advance of biological threats to our health and prosperity.

Testimony today will describe civilian and military programs underway here and abroad to overcome natural and manmade barriers to health monitoring. We appreciate the dedication and expertise all our witnesses bring to this important discussion and we welcome their participation in our oversight.